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| SERIAL NUMBER 10/626,414 | FILING or 371(c) DATE 07/24/2003 RULE | CLASS 606 | GROUP ART UNIT 3773 | ATTORNEY DOCKET NO. 02581-P0536A | | |
| APPLICANTS Dieter Lang, Stockheim, GERMANY; Thomas Hopf, Stockheim, GERMANY; ** CONTINUING DATA ***** This application is a CON of PCT/EP03/01303 02/11/2003 ** FOREIGN APPLICATIONS ***** GERMANY 102 07 207.8 02/21/2001 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/19/2004 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/Vy Q Bui /</u> Examiner's Signature | | <input checked="" type="checkbox"/> Met after Allowance VB Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWINGS 5 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 1 |
| ADDRESS ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619 UNITED STATES | | | | | | |
| TITLE Medical instrument | | | | | | |
| FILING FEE RECEIVED 1240 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |